

Health Plans At-a-Glance

	Preferred Provider Organization (PPO) Plans*				Health Maintenance Organization (HMO) Plans**	
	Premier Wellwise		Premier Sharewell		CIGNA Health Plan	Kaiser Health Plan
BENEFIT	PPO Provider	Non-PPO Provider	PPO Provider	Non-PPO Provider	HMO Provider	HMO Provider
	Covered Person Pays:		Covered Person Pays:		Covered Person Pays:	Covered Person Pays:
Maximum Lifetime Coverage	\$1,000,000		\$1,000,000		No dollar limit	No dollar limit
Calendar Year Deductible	\$300 per individual \$600 per family		\$5,000 per family		No deductible	No deductible
Hospital Services						
• Inpatient	10%	20%	10%	20%	\$100 per admission	\$100 per admission
• Outpatient	10%	20%	10%	20%	\$15 per visit	\$15 per visit
• No Precertification Review	40%	40%	40%	40%	N/A	N/A
Physician Care						
• Office Visits	10%	20%	10%	20%	\$15 per visit	\$15 per visit
• Second Opinion	10%	20%	10%	20%	\$15 per visit	\$15 per visit
• W/o Second Opinion	40%	40%	40%	40%	N/A	N/A
• Well Baby Care	No charge	Not covered	No charge	Not covered	No charge	No charge to 23 months
• Diagnostic X-rays/Lab	10%	20%	10%	20%	No charge	No charge
• Immunizations	No charge (limited)	Not covered	No charge (limited)	Not covered	No charge	No charge
Routine Exams – Adults						
• Annual Physical	No charge, up to a maximum annual benefit of \$250 in-network only (\$250 annual limit does not apply to specific procedures listed under “Wellness Benefit” in the plan document)	Limited to specific procedures listed under “Wellness Benefit” in the plan Document	No charge, up to a maximum annual benefit amount of \$250 In-network only (\$250 annual limit does not apply to specific procedures listed under “Wellness Benefit” in the plan document)	Limited to specific procedures listed under “Wellness Benefit” in the plan document	\$15 charge	\$15 charge
• Prostate Screening					\$15 charge	\$15 charge
• Well Woman Exams					\$15 charge	\$15 charge
					Note: Well woman exams are for breast and pelvic only; not complete physicals. May self-refer within designated plan medical group	Note: For well woman exam, may self-refer to a Kaiser provider
Prescription Drugs	20%	20%	20%	20%	\$10 generic prescription \$15 brand prescription 30-day supply	\$10 generic prescription \$15 brand prescription Up to 100-day supply Dental prescriptions included
	Drug card program					
Maternity Care	10%	20%	10%	20%	\$100 per admission	\$100 per admission
Emergency Services	10%	20%	10%	20%	\$50 per visit Waived if admitted	\$50 per visit Waived if admitted
Ambulance	20%	20%	20%	20%	No charge	No charge
Family Planning						
• Contraceptives	Not covered	Not covered	Not covered	Not covered	\$10 generic prescription \$15 brand prescription	\$10 generic prescription \$15 brand prescription
• Vasectomy	10%	20%	10%	20%	\$15 charge	\$15 charge (outpatient)
• Tubal Ligation	10%	20%	10%	20%	\$15 charge	\$15 charge (outpatient)
• Infertility Services	Not covered	Not covered	Not covered	Not covered	Limited, \$15 per visit	Limited, \$15 per visit

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	Covered Person Pays:		Covered Person Pays:		Covered Person Pays:	Covered Person Pays:
Mental Health						
• Inpatient	10%	20%	10%	20%	\$100 per admission, up to 30 days	\$100 per admission, up to 45 days
• Outpatient	50%	50%	50%	50%	\$20 per visit	\$15 per visit
	up to \$50 per visit		up to \$50 per visit		N/A	20 visits
• Maximum Yearly Outpatient	50 visits		50 visits		N/A	N/A
• Lifetime Maximum	\$30,000, combined with Alcohol and Substance Abuse below. Note: The lifetime and visit maximums do not apply to certain conditions that are covered the same as any other illness in accordance with the California Mental Health Parity Act				N/A Note: Lifetime, visit, and day maximums do not apply to certain conditions that are covered the same as any other illness in accordance with the California Mental Health Parity Act	N/A Note: Lifetime, visit, and day maximums do not apply to certain conditions that are covered the same as any other illness in accordance with the California Mental Health Parity Act
Alcohol and Drug Abuse						
• Inpatient	10%	20%	10%	20%	\$100 per admission	\$100 per admission, detox only
• Outpatient	50%	50%	50%	50%	\$15 per visit	\$15 per visit
	Up to \$50 per visit		Up to \$50 per visit		Detox only	Unlimited
• Maximum Yearly Outpatient	50 visits		50 visits			
• Lifetime Maximum	\$30,000 maximum benefit combined with Mental Health above					N/A
Home Health Care	10%	20%	10%	20%	No charge	No charge
Skilled Nursing Facility	Limited (Limited to 60 days)		Limited (Limited to 60 days)		No charge (Up to 100 days)	No charge (100 visits/year) (Up to 100 days)
Eye Refractions	Not covered		Not covered		\$5 charge Glasses \$10	\$15 charge
Chiropractic	10%	20%	10%	20%	\$15 per visit	\$15 per visit
• Frequency Limitations	50 visits per year		50 visits per year		30 visits per year	30 visits per year
• Yearly Maximum	\$1,000		\$1,000			
Durable Medical Equipment	Covered	Covered	Covered	Covered	Covered at 100% when prescribed by your Primary Care Physician	Not covered
	Contact health plans for further details					

***PPO Plans:** Designed to provide freedom to select physicians, specialists, hospitals and other service providers of your personal choice. The PPO plans pay 100% of eligible health care expenses that are in excess of \$10,000 per individual per calendar year.

PPO Provider: County PPO Plans use UnitedHealthcare Choice Plus (PPO) as its Preferred Provider Organization Network. The network consists of individual physicians, laboratories and Provider Organization Network. The network consists of individual physicians, laboratories and hospitals. As part of this network these “preferred providers” have agreed to provide services at rates which are lower than their regular charges. This helps reduce the cost of health care for you, your dependent(s) and the County. You and your dependent(s) pay a lower copayment percentage for PPO network providers. Using a PPO network provider is voluntary. You or your dependent(s) decide whether to use a PPO network provider for health care.

Non-PPO Provider: when you or your dependent choose a health care provider who does not participate in the UnitedHealthcare Choice Plus (PPO) Provider Network, you or your dependent pays a higher copayment percentage for non-PPO network providers.

****HMO Plans:** Designed to provide quality comprehensive medical services, routine and preventive care while controlling costs by using either its own doctors or health care centers or by providing services through contractual arrangements with community health care providers.